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THE CHIRONIAN will be sent until ordered discontinued.

AT a late hour we are informed that Prof. Helmuth will deliver his Sunday lecture in the amphitheatre of the college building on Sunday, February 13, 1887, at 4 P. M.

We are fortunate in getting the notice in this issue of THE CHIRONIAN, for many of the Alumni will doubtless be happy to have an opportunity to once more listen to their eloquent teacher.

WE take pleasure in congratulating the Hahnemannian Society over the increased interests in its monthly meetings.

At the close of last session all interest in the Society was at a very low ebb. Members came simply to avoid the fine, and on all sides could be heard the complaints of those who had become members only to find out that the benefit derived was imperceptible and the meetings were a farce.

Many of the students resolved that the opening of this session should witness needed reforms in the management of the Society's meetings,

and the verdict of all must be that the work has been well done.

The meetings now are replete with interest, many able and interesting papers being read, and the music, instrumental and vocal, fills out a pleasing programme.

We are informed that new and interesting features will be added to the public exercises at the close of the session.

THE Society is fully alive to the wants of the students and will do all in its power to profit them. It is with this idea that the Society has taken hold of the Library question.

The committee is working faithfully and have had very good success up to date. Some are inclined to growl because a room is not immediately fitted up, filled with books and opened for use. These, because they are not informed of every move the committee makes, take it for granted that nothing is being done.

Such is not the case, and in due time we shall see that the committee has done its work well, and it shall be to the lasting credit of the Hahnemannian Society that a permanent library has been founded in the New York Homœopathic Medical College.

WITH this number of THE CHIRONIAN, we begin the publication of reminiscences of the college classes, beginning with '74.

We are sure that all our readers will be pleased with the articles, but to the alumni they will be of especial interest. Each class will find an account of some well-remembered occurrence of their college days, and a new interest in our *Alma Mater* will be awakened.

FOR vomiting of infants, one grain of calomel to one ounce of lime water; to this add one pint of pure water, and give a teaspoonful of the mixture every ten minutes.—(*Old School Journal.*)

Aberrations of the Will in Mental and Nervous Diseases.

BY PROF. SELDEN H. TALCOTT, M.D., MIDDLETOWN, N. Y.

"Aye! who doubts that, a will, a wicked will,
A woman's will, a cankered grandam's will,"

IN considering morbid mental processes, or pathological conditions of the mind, we should first acquire a general knowledge of the normal mental processes, and also agree upon the meaning and scope of those terms which are used to define each step in the course of mental action. Then we may readily note departures from the normal standards of thinking and acting, and by due comparison estimate aright such departures.

Mental operations are carried on in the following manner:

First, Impressions are made upon the brain cells through what are called the five senses.

Secondly, The perception by the mind of an impression made upon the brain is termed consciousness. Consciousness is a simple cognizance of the fact that the external impressions have been made.

Thirdly, When the mind becomes conscious of the fact that two or more impressions have been made, the mental process, styled comparison, is inaugurated. In making comparisons the faculty of thought is stirred into activity. As a result of thought, ideas—mind images—are generated. Our thoughts and ideas may be based upon both present and past impressions. The retention of a past impression by the mind is termed memory. Memory is simply the power of reproducing, in the mind, impressions which have been made upon the brain cells in the past. Knowledge is a consciousness of material facts. The alleged knowledge of immaterial facts is a product of the imagination based upon analogous material facts. Imagination is the mind's faculty of creating new and immaterial images, but these airy creations of the mind are based upon impressions produced by things which are actual and real.

Fourthly, By instituting a comparison of ideas generated in the mind, and by seeking to ascer-

tain the truth or falsity of propositions based upon perceptions and ideas, we have a process termed reasoning. A comparison of actual impressions stimulates thought and promotes the formation of ideas. The comparison of ideas, and the estimate placed upon their origin, value, power and uses, is made and determined by what is called reasoning.

Fifthly, As a conclusion of that active and healthful operation known as reasoning, we come to what may be properly termed the understanding. Consciousness is the primal and simple perception of an impression. Understanding is a conclusional perception of many impressions, a knowledge of associated facts, and a final and truthful estimate of the value and importance of such facts.

Sixthly, After arriving at an understanding of the ordinary propositions of life, we form a secondary conclusion in our minds, which conclusion is termed the judgment. The judgment is the final verdict passed upon the effects of impressions, upon the bearings and tendencies of generated ideas, upon the conclusions of the reasoning processes, and the consequent enlightened state of the human understanding.

Seventhly, An opinion having been formed, that is, a judgment having been concluded, the final and highest type of mental action is called into action for the purpose of executing the determination of the mind. Here we find the human will, without which there could be no impulse to action, and no conservative force to restrain from unwise and illogical action.

Having glanced for a moment at the seven normal processes by which the human mind performs its functions, we shall invite your attention to those disturbances of the will which indicate the highest form of disordered condition of the mental powers.

It is easy to recognize the fact in ordinary human experience that healthy and sane individuals are gifted with either strong wills or weak wills, or fickle and changeable wills. But beyond these natural varieties we may pass to a consideration of those wills which have been disturbed or diverted from their natural tendencies by the influence of disease.

Making all due allowance for the erratic and weak wills, we find in numerous instances that when the disease known as insanity has taken firm hold of the individual, the will powers appear to have changed quite perceptibly from their normal courses. Sometimes the will is stimulated by the disease to intense and unusual action. Then we may see the individual not only conceiving larger projects in business than he had ever dreamed of before, but sometimes you may find a remarkable force and energy of will developed in the execution of those projects. Under the influence of a hyper-stimulated will, preceded and accompanied by an insane delusion, a man went West and in less than ten years accumulated a handsome fortune. Then he died, under the visitation and effect of that insanity which had stimulated him to action, leaving his property to the fools that came after him.

Sometimes there is a faltering of will-power, as in the case of imbeciles, who are the victims of checked growth. In many cases of moderate but persistent brain disease the patient perceives fairly well, enjoys an undisturbed consciousness of his surroundings and the impressions which they make; thinks with moderate accuracy, generates ideas with gentle activity, reasons logically but without much positive force, and judges with average correctness concerning his ordinary and every-day experiences. Yet, on account of the fact that his will falters and hesitates, he becomes a helpless, inefficient and useless clod in society. The non-activity of the ordinary imbecile illustrates this truth; while the will-failure of the common drunkard is somewhat proverbial. The latter, under the influence of disease, self-induced, cannot regulate, restrain or control his action.

The usual evidences of insanity are said to be "departures from the normal mental status, and changes in the states of feeling and modes of thinking common to the individual when in health." Delusions, which are false beliefs; hallucinations, which are false perceptions by any of the senses; illusions, which are mistaken perceptions on the part of some of the senses; these are commonly considered as among the most important evidences of insanity. These re-

late to impressions, to consciousness, to thought, to reasoning, to judgment; and, through the disturbance of all these primary functions of the mind, the final and directing function, called will-power, is at last itself disturbed.

Impairment of will is one of the most serious and positive evidences of insanity. It is this impairment which produces that loss of self-control which makes it imperative for society to step in and protect the lunatic from doing harm to himself or others. This impairment of will is one of those evidences of insanity which has not always been fully or thoroughly recognized. There are many cases of disputed insanity where a correct verdict could be obtained if the impairment or loss of will power through the effects of disease were properly and justly recognized at true value as a diagnostic indication. The time will come when the insane person will be judged just as much by his actions as by the utterance of wild delusions. And when the impairment of will is discovered before dangerous action has resulted, and proper restrictions placed upon the patient, then a larger safety for society may be hoped for. Many a dangerous man with a disordered will runs at large without let or hindrance, until, by some erratic and irresponsible action, either the possessor of that disturbed will or his neighbor is suddenly destroyed. Such "accidents" should be guarded against by the wise and intelligent physician through timely advice to the friends of the suffering and dangerous victim of disturbed will-power.

As an example of paroxysmal infirmity of will we might quote the action of the woman who shot O'Donovan Rossa. Here was a person with an apparently fixed and determined purpose to rid the world of a being whom she regarded with aversion and horror because he was said to be an inciter of the ruthless murder of helpless women and children. Stimulated by such a belief, a belief as earnest and lofty as that cherished by Charlotte Corday, the assassin of Marat, she attempted to kill O'Donovan Rossa. Before the work was half completed she desisted from shooting. She gave, as an excuse for stopping in the midst of her deadly work, the

chivalric reason that she could not shoot at a man after he was down. But had the spirit of chivalry really ruled her entire action, she would not have taken her victim unawares, nor would she have shot him in the back. The reason she gave for her sudden cessation of shooting was, in fact, an illogical reason; for she had already displayed her ability to violate the creed of British chivalry by shooting unawares, and by shooting at her victim from behind. Having violated the creed upon two points, she certainly might have continued its violation upon another point in order to accomplish what at the outset she believed to be a grand and righteous undertaking. It seems to me that a sane woman, having worked herself up to the point of assassination, and excusing herself for performing such a deed upon the grounds of the despicable nature and the fiendish motives, actions, and words of her victim, would have been determined to finish the work at all hazards, and to cease from her labors only when she felt sure that death had claimed her antagonist for his own. Stopping short, with the work half done, knowing that it was uncompleted, and seeking the shelter of an excuse behind a creed already twice violated, is to my mind an evidence of such infirmity of will as is possessed only by a person afflicted with insanity.

Another curious case of paresis of will has recently come to my notice. A gentleman residing in one of the Western States wrote to me for advice, and in the letter describing his case (which he gave me permission to use among my confrères) he says: "I am haunted day and night with the fear that when I am left alone with my wife at night, in a fit of transitory mania I might strangle my dear wife. I labor under this fear a great deal, and oftentimes, after the toils of the day are ended, I fear to go to bed lest in an unguarded moment I might harm my wife. I never trust myself with a revolver, knife or any weapon at such times." This patient suffers with paresis of will and has fears relating to himself, and he says: "I never allow myself to stand in front of a high window or door, for fear that I may jump to the ground. I never wish or think I ought to harm myself

or any one else. I never willingly contemplate such a thing, still I am haunted continually with the fear that I may." Again he says: "My daily routine of business makes it necessary for me to cross two high bridges over deep rivers. I cannot swim. The bridges both have railings, and quite often in crossing I am so fearful that I may lose my will power and jump in that I grasp the railing to restrain myself as I go along." If possible he gets some one to accompany him in his work, and then he feels stronger and better able to resist the temptation to self-injury. This man does not wish to harm either himself or others, but his will has become so impaired by overwork, anxiety, worry and disease that he is unable to use fully and readily the ordinary powers of self-restraint or self-impulsion.

The object of this brief paper is to call attention to a few of the states of disturbed or impaired will power which are so common in those who suffer from mental or nervous diseases. It seems necessary that the attention of physicians should be directed to this matter, because impaired will power is not always recognized as it should be, and thus dangers arise and disasters occur which might have been avoided. As physicians it is proper that we should consider not only the objective and readily apparent conditions in diseases of the brain and mind, but we should push our investigations to the utmost limit, and seek always to ascertain those mysterious causes which impel human action for wise or otherwise purposes.

A consideration of the subtleties of will-power may inspire those who are educating the young to pay more attention to the training and development, culture and growth of the normal, healthy, and active will.

A consideration of the aberrations of the will may lead physicians to discover the existence of mental or nervous disease at an earlier date than now obtains, thus acquiring better opportunities for successful treatment. And, again, by a shrewd discernment of the existence of an impaired will, in a person suffering with incipient insanity, you may be able the better to protect the individual by necessary and suitable environ-

ments, and to guard society against those disasters which too often occur upon our streets and in our homes, and which lead with startling frequency to the destruction of human life and to the untimely blasting of human happiness.

A Note.

TURPENTINE produces congestion of the kidneys, pain in the back and sometimes bloody urine. It is useful in congestion of the kidneys, accompanied by pain in the back and in hæmaturæa.

Small doses must be given in order to avoid an aggravation. Its *modus operandi* is not understood.

The above is a note taken from a lecture on *Materia Medica* at the College of Physicians and Surgeons.

We hail with delight such indications of progress.

To Editor of CHIRONIAN :

DEAR DOCTOR—In the last number of THE CHIRONIAN we find a certain subject, taken up and discussed, in the communication of "'87," with a final decision that it is hard to believe is voiced by the entire college. We do not believe that there is a man among us but who, from the deepest recess of his heart, re-echoes the reference of "'87" in regard to the sterling worth and exceptionable ability of our professors; but we decidedly question the unanimity of opinion upon the utility of "entrance examinations." No one will deny that large classes are preferable to small ones in many respects; and yet, is it possible to bend all the energies of an institution toward the acquisition of quantity, without sacrificing something in quality? If it is possible, why is it that the numerical size of a school is more apt to depend on the mere name of having been connected with "such an" institution or the facility of entrance than upon its thoroughness, which should be of primary importance? However this may be, it is this thoroughness of instruction and the ability of the instructors that decides a true scholar in his selection of an institution of learning. If this be so, would mere

numbers be as apt to draw this class to our school, or an examination deter from entering, as they would the men that go to college for the sake of being considered "college men," or of having the pleasures of a college life? Though a preliminary, truly, may cause smaller classes than an entrance fee to all that apply, does it not keep out this class who, being afraid to try this examination, would be much more apt to be those who would not study nor be an honor to any class or school? On these grounds we utterly fail to discover in what way a preliminary would be likely to bar out anybody who would be at all liable to be "bright and intelligent, and would have proved a shining light to our school." We think it highly improbable that any one who would ever be likely to fill that description would be apt to be deterred from entering this college on account of the preliminary. One who has the energy requisite to become a "shining light" would not be very apt to be turned away from this institution by such a trifle. The "lights" of a class, as a rule, are made of sterner material. A man who has the necessary love of study and determination to so apply himself that his classmates and instructors will be proud of him would not fear as slight a preliminary as is required here.

We also emphatically disapprove of the statement that the standard is not materially raised by this entrance examination.

Out of the whole Junior Class only four or five were required to pass through this horrible ordeal of preliminary, the rest being high school, academy and college men. Surely no one will hold that men of this type will lower the standard of a school. Will they not, rather, improve the general tone of the work accomplished? Do they not have a broader and firmer foundation upon which to erect the super-structure of a thorough medical education than they otherwise would? It is not necessarily the subjects required here alone that is going to make the thorough and prosperous practitioner. It is one with some knowledge outside of just his medical information, and whose medical lore is not his intellectual all, that is the most apt to have the quickness of thought and the adaptability to cir-

cumstances that is going to make the *successful* physician in every sense of that word.

We doubt whether many will deny that the sending out of a class of men of this stamp into the world, yearly, can have any other effect than that of raising the standard of the college, and a ten-fold increase, numerically, of each class, of men who will still further increase the already glorious results of homœopathy. '89.

American Society of Rational Practitioners.

THIRTEENTH ANNUAL SESSION, HELD NOVEMBER, 1886.

SECOND DAY—EVENING SESSION.

REPORTED BY WILLIAM OSBURY, M. D.

DR. ZACHARIAH KEENBOOBY described a new disease of the nervous system which he had been studying closely for some years, and to which he proposed to give the name "Lookatakia." This peculiar affection had been manifested probably in all ages, but never had he seen, even in the works of the astute German specialists, nor the writings of any other observers, mention made of it as a separate disease, which had its foundation in a degeneration of the nervous tissue.

He had observed symptoms of this abnormal condition in men, but had no opportunity to study their cases closely. Women seemed to be by far the most frequent victims, and he had made the most exhaustive notes on four cases of Lookatakia occurring in women. It had been his privilege to watch these cases professionally throughout, and when they died the pleasure was accorded him of making a post-mortem examination in each instance, greatly to his personal delight and, as he hoped, to the lasting benefit of science and mankind. He would refer later to the autopsies in sketching the cases; but would first present to the Society some remarks on the disease as it showed itself in life. He was not aware of any one having died of it, and did not consider it a fatal complaint. Every one of his patients to whom ref-

erence had been made died from entirely different causes.

Lookatakia exhibits itself in the following manner: A woman (perhaps in perfect health, apparently) walks into a grocery in the ordinary manner. She moves in a semi-abstracted way towards a box of raisins or small fruit or such articles. (He had observed that the motion towards these thing was almost invariably slow and hesitating and sideway.) She then slowly, but with the same abstracted air, raises her eyes until they come on a level with the grocer's face. If he is looking in her direction the attack may stop at this point, but as a rule it will continue when he is otherwise occupied, having been only interrupted by his observation. If the grocer be not watching the patient she is seized with a gradual contraction of the extensor muscles of the arm, forearm and hand, and this contraction continues until the fingers come in contact with the articles in question—say raisins. Then a different set of contractions are seen. The extensors relax and the flexors of the fingers, forearm and arm, in the order named, are brought into play till the morsel is placed within the circle of the orbicularis oris. The hand and arm after this seem to be free, but the muscular action is continued in the jaws and finally in the throat, for the morsel is chewed and swallowed slowly, and it is not until it has been consumed that the patient comes to herself and transacts her errand in the grocery.

He had thus pictured a typical case. A grocery was the place where the disease could best be studied and the summer months the best time. Then there were always quantities of small fruits and other portable goods in grocery stores, and the presence of these things in unprotected situations seemed in many cases to be the exciting cause of an attack. The disease may exhibit itself almost anywhere, however, and confectionery stores where small candies lay uncovered on counters were good places to observe it. It seemed to prevail in young children as well as in adults.

The autopsies had each shown a most singular lesion of the brain, which consisted of about a dozen small spots, hard and discolored, resem-

bling freckles, and which were situated at irregular distances around the margin of the hippocampus major on the left side.

The distinguishing characteristics of Lookatakia were partial suspension of consciousness; automatic movements of the eyes; similar movements of the extensors of the upper extremity; of the flexors belonging to the same; of the mouth and jaws; and finally of the oesophagus. The four cases which Dr. Keenbooby had followed out fully all had retations who suffered from some form of nervous instability, as shown in the brief notes he had brought; from this he concluded that the disease was hereditary, if not in all cases certainly in his and probably in most. No doubt there was also a certain moral obliquity in such patients, which led them not merely to covet but to appropriate the property of others; but, after all, who could know that so-called moral obliquities were not derangements of the nervous system.

CASE 1.—Mrs. Cornelia Mandragon, age forty-four, Spaniard, mother of seven children. She remembered nothing of her parents, but had an uncle with whom she had been brought up. This uncle was a person of a passionate and cruel disposition, who had beaten her unmercifully in her childhood, and who took great delight in tying up a large dog by the tail in such a position that he could kick the animal as a pastime. At other times he would hug the dog and cry over it in an ecstasy of affection. It is evident that his condition was abnormal, and therefore that Lookatakia was inherited in Case 1.

Mrs. Mandragon suffered from repeated attacks of this complaint for three years, and died of an accident. At the autopsy the organs of the thorax and abdomen were found to be in sound condition, except that the heart, when pinched between the fingers, was somewhat harder than ordinary. There were a few patches of congestion in the lower part of the spinal cord, which were probably the result of the accident which caused death. In the brain were found ten of the peculiar spots spoken of before like dark freckles, and they were located upon the left margin of the hippocampus major.

CASE 2.—Miss Gertrude Dietenroffel, age forty-nine, German. Had one brother who died at an early age in an epileptic fit. Her father, while otherwise a healthy man, was given to abnormal outbreaks of irascibility whenever he was presented with a bill. If the bill happened to be a doctor's his condition was one of furious rage. At sixty he died from delirium tremens. With such an ancestor, it was perfectly natural that Case 2 should have been afflicted with Lookatakia or any other nervous derangement.

Miss Dietenroffel died of phthisis. The post-mortem examination of course showed the effects of consumption, and in addition were found thirteen of the characteristic freckles of Lookatakia along the left edge of the hippocampus.

CASE 3.—Miss Josephine Purloiners, age 26, American. The grandfather of this lady died of apoplexy, and her mother was a martyr to neuralgia. The cause of her death was hemorrhage of the lungs, when she was apparently in good health. The autopsy revealed the brain freckles, like the others, to the number of eleven.

CASE 4.—Mrs. Rachel O'Reily, age 38, Irish, married three times and the mother of twelve children. Both of this patient's parents were incurable dipsomaniacs, and one of her sisters was paralytic. She was much oftener affected with the attacks of Lookatakia than any one else observed, and the freckles on her hippocampus, seen after death, were of a double variety, each having somewhat the appearance of a dumb-bell. This patient died of inflammatory rheumatism, and owing to the superstitions of her relatives it was with difficulty that the doctor obtained permission to hold the post-mortem. It was a fact worth noting that two little daughters of Mrs. O'Reily, aged thirteen and ten respectively, had had unmistakable attacks of Lookatakia.

The doctor gave the few facts in these cases to show that heredity played an important part in the production of this disease, while age and nationality seemed to have no influence; that in all probability it was not fatal; and that it

was associated with a distinct lesion of the brain in a definite location, as had been emphasized before.

With regard to treatment, Dr. Keenbooby doubted whether the spots in the brain could be cured when they had once developed, but he thought that active and frequent purgation, together with the use of emetics, would ward off a great many attacks which would otherwise come on in groceries and such places. He was having several pairs of inflexible iron gloves made of different sizes, which would make flexion of the fingers an impossibility. These gloves were to be used in inveterate cases.

In conclusion, the doctor wanted Lookatakia to be distinguished from kleptomania, in which the patient had a permanent and continual attraction for goods of all kinds, which were secreted and carried home.

When Dr. Keenbooby had finished speaking there was a warm and interesting discussion on the subject of his remarks.

Dr. Samuel Pikerly said with some heat that while he wished to extend every courtesy to investigators, he had with difficulty kept his seat when Dr. Keenbooby was up. It had been one of the greatest annoyances of his long professional life to see in medical journals and to hear at meetings like the present of all sorts of new diseases discovered by specialists and never observed by any one else. He had not failed to notice that specialists of the nervous system were the worst of the whole lot in this particular. The study of the nerves opened up a great deal of mystery and gave to gentlemen of an ingenious turn of mind a chance to air their theories and confuse others. For his part he did not intend to be confused; he believed there was a great deal of humbug in these things. There was the so-called dipsomania. He regarded this as old-fashioned people regarded it. Dipsomania was drunkenness, and nothing but a mean surrender to a degrading habit. He would go further, for he was disgusted, and say—using a phrase more common and forceful than polite—that a confirmed dipsomaniac was nothing more nor less than “a bummer.” Then there was the poor kleptomaniac. A kleptomaniac

was a thief. And now we are to have a sort of new variety of kleptomaniac and call him a Lookatakiac. Others may do as they pleased; he intended to look upon petty thieving as nothing but a breach of the eighth commandment by disreputable persons who were devoid of principle. If this sort of thing were to be countenanced by medical societies, every form of wickedness would in time be brought in as a separate nervous disease, from the grossest villainy to the meanest—

Here Dr. Pikerly was interrupted by cries of “order” and the President spoke.

He trusted the Doctor would remember that harmony was desirable. At these meetings of the Society it was proper for each member to bring forward his theories and the result of his observations. All such things would be adopted or rejected in time according to the degree of truth in them. He was sure Dr. Pikerly meant no reflection on Dr. Keenbooby, but it was better to avoid undue warmth and rabid vehement criticism. He could do no better than call the attention of members to the advice of a distinguished chairman on a similar occasion and say, “Let us adhere to the most genial phraseology.”

Dr. Pikerly replied that he perfectly coincided with the President. He had about concluded his remarks when the President interrupted him. Before sitting down he wished to say that those remarks were intended to have a general and not a personal bearing.

Dr. Tickell D. Vullivar, the veteran gynecologist from Porkville Corners, said he had observed the affection spoken of by Dr. Keenbooby, though he had never given a name to it. He gave the Doctor credit for his study and his autopsies, but he could not regard the lesions in the brain as anything important, or as being more than coincidences. He considered the brain as one of the most complicated and peculiar organs, and thought it was liable to have freckles on any part of it and yet be quite healthy. It was his opinion that the disorder under discussion was simply a neurosis. He had found it in his experience invariably associated with latero-flexion of the uterus, on which he believed it to depend.

Dr. Keenbooby asked how this could be the cause when it showed itself in men?

Dr. Vullivar replied that he was not sure that such a neurosis did exist in men; if it did of course there must in them be a different cause, but when it occurred in women he believed it to have the cause he had stated.

After further discussion there was an adjournment till the next morning.

The report will be continued.

Enuresis.

A Paper Read Before the Society for Medico-Scientific Investigation, N. Y., December 5, 1886, with additions, by Prof. M. Deschere, M.D.

DURING infancy the urine and stool are discharged involuntarily up to the age of about twelve months. Then the anus gets gradually under the control of will-power, and the child announces its desire for an evacuation of the bowels. But the sphincter of the bladder remains uncontrollable for a longer time, and often the urine is voided even against the will of the child. This condition exists frequently up to the end of the second year or about the finishing of first dentition. If, however, it keeps on later, we must regard this to be pathological. The term enuresis, therefore, means a continuance of infantile relations between the bladder and sphincter, excluding malformations of the organs or other pathological states. Enfeebled constitution, due to scrofula, anæmia, rachitis, etc., has been regarded as a cause of enuresis; but this seems erroneous in most cases, as many otherwise strong and healthy children are victims of that weakness; and, *vice versa*, many of those presenting one of the above diatheses are not troubled in the least. I think, with Ultzmann, that Bretonneau, Trousseau and Desault are right to accept a simple want of normal balance between the powers of the body and of the neck of the bladder.

For the physiological interpretation of the mechanism of micturition we have to regard the bladder as a muscular sac of *unstriated* fibres, the only function of which consists in a simultaneous contraction for the purpose of expressing its contents.

The actual sphincter, which is but one (a separate internal sphincter does not exist according to accurate anatomical researches), is a *striated* muscle which contracts as well as relaxes by impulse of the will.

The nerves which come into play in the mechanism of urination are:

1. The *motory nerves* of the *sphincter*, which are derived from the *nervous pudendus*, from the anterior root of the third and fourth sacral nerves. The effect of cutting these is incontinence of urine as soon as the bladder is filled sufficiently to dilate the neck.

2. The *sensory nerves* of the *urethra* which stimulate the above by reflex action, pass into the spinal chord at the posterior roots of the third, fourth and fifth sacral nerves. The division of these nerves likewise causes incontinence.

3. From the *brain fibres*, pass through the *crura cerebri* and the anterior columns of the cord to the *motory fibres of the sphincter*.

4. In the same route we find the *inhibitory nerve-fibres* to the action of the sphincter.

5. Through the *spine* upwards to the *brain* we can trace the *sensory nerves* of the bladder and urethra, which convey to the organ of conception the knowledge about the bladder being filled.

Transverse section of the spinal cord, therefore, causes *retention of urine* with distention of the bladder, because the reflex action of the sphincter is increased, and the inhibitory nerve has lost its influence.

We thus see the presiding influence of the nervous system over micturition, and can well understand how, in abnormal conditions, a remedial influence will act curatively through the same agents.

Numerous theories of former times gave rise to the most absurd, sometimes most cruel treatment of enuresis; for instance: cauterizing the anterior portion of the urethra, so that the child would awake from the pain caused by the flow of the urine over the inflamed surface. Balsam Copaiva, Decoction of China, Sulphate of Zinc, Spanish fly applied to the spine, or Cantharides internally, ice-cold douches, etc. Curious pre-

scriptions are found in old works ; as, for instance : the pulverized inner coat of the stomach of a chicken, mixed with Ruta, Castoreum and Aloes. The ashes of a burnt hedgehog have been recommended by Montagnane in the eighteenth century. Iron, Strychnine, Bromide of Potassium, Electricity have been used with varying results. The panacea of the old school at present seems to be *Belladonna*.

The logic by which this drug has been arrived at is given by H. C. Wood in "A Treatise on Therapeutics, 1876 ; p. 232." "In *Belladonna* poisoning there is paralytic retention of urine, consequently in these cases of hyperæsthesia of the bladder-centres *Belladonna* is useful."

W. H. Day, in the second edition of his work on diseases of children, 1881, even speaks of blistering the sacrum in obstinate cases, and advocates the cauterization of the neck of the bladder either by the stick caustic or a solution of ten grains or even more to the ounce of water. He considers this treatment *very painful* (!) and not free from danger. But, gentlemen, it is *scientific* treatment of human beings, not cruelty to animals.

In this chaos of opinions theories and dabbling, it relieves one's heart and fills it with joy to be in possession of a method which gives clearly the why and when to use certain drugs in a condition, although not dangerous in itself, still of great annoyance to the patient and his surroundings, who constantly and urgently apply to the physician for relief.

I refer to the homœopathic method, of which I will give you my experience with the most efficacious drugs in enuresis.

A remedy which has given me excellent service is *Benzoic acid*, and I remember a case of a lad of fifteen years of age for whom I prescribed last summer. He is the son of wealthy parents, and having been constantly wetting the bed since his fifth year of age, when it remained after a severe cold, you may imagine that he has had all possible treatment, and the best of it. I was told that also a homœopathic physician had prescribed for him unsuccessfully. His symptoms were few, but one prominent feature was the *excessively strong odor of the urine*, so

much so, that it was unbearable on lifting his bed clothes. This very symptom led me to prescribe *Benzoic acid*,³⁰ a powder every night for a week, and to report after that. I never received a report, but when meeting the mother five months afterwards, she told me that there had been no need of a report, as the boy never wet the bed after having taken the third powder, nor did his urine smell in the least. This repulsive odor of the urine is my keynote for the selection of the drug.

Kreosote I have used in children according to Guernsey's indication, when they are difficult to awaken, and also when the patient dreams he is urinating in a decent manner while actually doing it in bed.

Belladonna I find rarely indicated ; it is rather useful when there is constant dribbling of urine from over-distension of the bladder and *enuresis* attended with *profuse perspiration*. This symptom was disputed during the discussion following the reading of the paper, as a dry skin was considered characteristic of the drug. I may be allowed to say that perspiration is not excluded in *Belladonna* provings, and in connection with *enuresis* it is marked, and has been verified. The child always sleeps very restless, and the urine, when heated, almost invariably deposits a cloud of phosphates.

Of much more frequent use I consider *Cina*, and by no means in cases where the children are suffering from worms, but where they may present that nervous, irritable character, with picking at the nose and blue rings under the eyes, with capricious appetite and profuse urination day and night of a very yellow urine.

(To be continued.)

To the Editor of THE CHIRONIAN :

DEAR SIR—Should any one of the "governing faculty" of our college attend *all* the lectures down on the schedule (which do not conflict with each other) for one week ; should he *do* this, I say, and if his reason were left him at the end of the week, he would, I am sure, take steps to call the faculty together and insist upon some change in the curriculum.

Only the student, who sits day in and day out

week after week under the scattering fire of the different professors, can realize the confusion that is wrought in his mind by the conflicting opinions of these same professors. I cite only *one* of the many instances where two of our lecturers have and teach different views on the same subject, and give you (as they were given us) the comparative classifications of tumors :

PATHOLOGY'S TUMORS.

MALIGNANT AND NON-MALIGNANT; INNOCENT OR BENIGN; TRUE AND FALSE.

1. Analogous to embryonic tissue—*Sarcoma*.
 - a. Encephaloid.
 - b. Fascicular.
 - c. Myeloid (medullary).
 - d. Ossifying sarcoma.
 - e. Neuro-sarcoma (Glyoma of Virchow).
 - f. Angio-lithic (Psammoma).
 - g. Mucoid (net cell).
 - h. Lipomatous sarcoma.
 - i. Melanotic.
2. Analogous to connective tissue.
 - a. Myxoma (mucus).
 - b. Fibroma.
 - c. Lipoma.
 - d. Carcinoma.
 - e. Tubercles.
 - f. Syphilitic gommata.
 - g. Farcy buds.
3. Chondroma—cartilage.
4. Osteoma—bone tissue.
5. Myoma

Striated muscle tissue.	
Nonstriated muscle tissue.	
Medullary.	
Fascicular.	
6. Neuroma

Lymphangioma.	
Lymphadenoma.	
7. Angioma—blood vessels.
8. Lymphatics

Lymphangioma.	
Lymphadenoma.	
9. Epithelial or epithelioid.
 - a. Epithelioma.
 - b. Papilloma.
 - c. Adenoma.
 - d. Cysts (other than retention.)
10. Mixed dermatoid cysts.

SURGERY'S TUMORS.

A.

INNOCENT OR HOMOLOGOUS NEOPLASMS.

1. Types of the higher forms of tissue.
 - a. Myomata—muscle.
 - b. Neuromata—nerve.
 - c. Angiomata—blood vessels.
2. Type of fully developed connective tissue.
 - a. Lipomata—adipose.
 - b. Fibromata—fibrous.
 - c. Myxomata—mucus.
 - d. Enchondromata—cartilage.
 - e. Osteomata—bone.
 - f. Lymphomata—lymphatics.
3. Type of fully developed epithelial tissue.
 - a. Papilloma and horny tumors of skin and mucous membrane.
 - b. Adenomata of gland.

B.

SARCOMATA.

Type of embryonic (semi-malignant) tissue.

- | | |
|--------------------|--|
| Connective tissue. | a. Spindle-celled sarcoma (recurrent fibroid). |
| | b. Giant-celled sarcoma (myeloid). |
| | c. Round-celled sarcoma (glioma). |
| | d. Lympho sarcoma (alreolar). |

C.

CARCINOMATA.

Type of the embryonic tissues. Tendency to retrograde metamorphosis rather than higher development.

- | | |
|--------------------|-----------------|
| Epithelial tissue. | a. Scirrhus. |
| | b. Encephaloid. |
| | c. Epithelioma. |
| | d. Melanotic. |
| | e. Colloid. |
| | f. Osteoid. |
| | g. Villous. |

A student has some vague idea of this when he enters his second course, and he works *hard* in order that he may be able to pass his "pathology" tumors. Later on in the course, as he sees the effects of the "quiz," he loses this impression, and feels confident that before he comes up before "surgery" he will have *forgotten* his other tumors thoroughly. He *comes up* in his third year, glorying in the vain delusion that he *has* forgotten them, and is prepared to commit "surgery's" tumors to memory. How little does he know what lies before him. On the first day, perhaps, "Surgery" stands up in front of our friend, about one-quarter of an inch from him, points his finger at him until his hair stands on end and Capsicum chills chase each other up and down his back, and exclaims, "Now, sir, you tell me what is an Epulis?" Our friend feebly murmurs something about a Lymphangioma, and "Surgery" turns to the next corpse with a "*No, sir*," which convinces our friend that he never did, nor ever will, know *anything*.

And in this way the majority of the students are confused and bewildered, and leave college with only a vague idea of how they are to diagnose a tumor in the living body.

It seems to me that there is something *radically* wrong in all this, and that some change could be made of benefit (at least to the student). Either professors lecturing on the same subject should *agree* on that subject (at least when they put it before the students) or but *one* man should handle that subject. STUDENT.

Excision of the Hip Joint.

OPERATION AT LAURA FRANKLIN HOSPITAL BY
F. S. FULTON, M.D.

THE patient was a colored boy, aged 7, named Edward Brown. He was admitted to the hospital December 13, 1886, suffering from hip disease in its third stage. Both parents are living and are perfectly healthy; have one other child, who is also healthy. Eighteen months ago the boy fell down stairs, striking upon his left hip joint. No immediate injury

You might say, "Pay your money and take your choice," but you *can't*. A student must pay his money, take *both* of them, and, what is far more serious, *pass* both of them.

resulted, but shortly after the boy complained of pain in the knee and hip, with stiffness and incapacity for motion. Last July abscesses formed and about six weeks before admission discharged externally through the left gluteal region anteriorly and a little above the gluteo-femoral fold. No treatment has been employed at any time during his sickness which, coupled with the rapidity with which degeneration and suppurative changes in the bony framework of the colored people usually advance, no doubt explains the shortness of the time in which such extensive structural alterations had been effected. Upon admission the patient was placed upon milk, eggs, farina and cod-liver oil as a diet and upon Calc. phos.³ as a medication. The wound was irrigated daily with a solution of Hydrogen peroxide. On January 11, 1887, excision of the hip was performed by Dr. Fred. S. Fulton, assisted by Drs. Geo. McDowell, Watts, Schumann and Fay.

A wire cuirass had previously been made by Messrs. Stohlmann, Pfarre & Co. for the reception of the little patient immediately after the operation. After being anæsthetized, the boy was turned upon the right side, exposing in full view the diseased and discharging hip, which was then thoroughly washed with hot water and soap. An incision like the italic *f* was then made, commencing about half way between the anterior spine of the ilium and the trochanter of the femur, and carried down over the posterior border of the great trochanter, and about two inches below it. The tissues were divided in the line of this incision completely to the bone, cutting through the thickened periosteum. There was comparatively little bleeding, only one or two ligatures being applied, pressure of the forceps being amply sufficient to arrest the remainder. The thickened periosteum was then, by means of the knife and periostetome, dissected and pushed back from the trochanter, in this way loosening the attachment of the muscles without cutting their tendons. When these had been dislodged so that the greater part of the trochanter was uncovered, the capsular ligament was freely laid open, cutting down directly upon the anterior upper portion of the neck of the

femur. The head of the bone was discovered dislocated upward and backward upon the dorsum of the ilium, stretching the ligamentum teres to its extreme. The periosteum, together with the capsular ligament, was then pushed back, the ligamentum teres put upon the stretch and severed with a pair of blunt curved scissors guided over the head of the bone. Then by forcibly grasping the leg and carrying it well over towards its fellow and backward, at the same time rotating the foot inward and forcibly elevating the whole, the head of the bone was dislodged from its seat and forced into the line of incision. It was then grasped by the bone forceps, the leg stretched, a chain saw upon a large needle passed under the neck and just above the trochanter minor, and the whole severed from the shaft of the bone. A few remaining attachments were then severed, when it was discovered that the shaft was not healthy. The periosteum was put down and bone removed in successive cuts until healthy tissue was reached. A very large dissecting abscess existed upon the anterior surface of the leg, which was opened by the handle of the scalpel, a long director pushed down to its lowest point, which reached nearly to the knee, a counter opening made for drainage and a seton introduced to insure its potency. This abscess discharged a large amount of offensive pus and coagulated blood. The wound and abscess were then thoroughly washed out with a solution of Hydrag. bichlor. 1 to 2000. The acetabulum was also found diseased in its centre with much softened tissue around it. This and the diseased bone was removed with the bone scoop. The diseased tissue in the wound and along the line of the sinuses was removed with the scissors until only healthy tissue could be detected. The wound was again thoroughly irrigated, its lower portion stitched together with deep sutures of silk-worm gut held by lead buttons, and its cutaneous edges with cat gut. The wound was then packed with marine lint soaked in Balsam of Peru, the whole covered with Bichloride of merc. gauze, and the patient placed in the cuirass, to which he was secured by bandages over the well leg, including a felt splint over the

knee to prevent his raising it and shortening the leg. Strips of adhesive plaster were then placed upon the operated limb, carried above the knee and secured by a roller. The ends of the plaster projected down beyond the foot and were carried around the foot piece and secured, thus drawing the limb into proper position. Over the whole and around the cuirass was placed a flannel roller bandage. The patient's pulse flagged considerably during the operation, and brandy was administered several times by means of the hypodermic. About four inches of bone was removed. The anterior surface and spongy structure of the trochanter was extensively diseased. The head was denuded of its cartilage and eaten into by the ulcerative process. The patient rallied nicely from the operation, and at present is doing well. He is much more comfortable than before the operation, his appetite is improved, the diarrhoea has left him and he looks brighter. His temperature has been about 99° , except the day after the operation, when it reached $100\frac{3}{8}^{\circ}$, which was reduced after the wound was dressed.

LYCOPUS VIRGINICUS is said to be an effectual antidote for reptile poisons, and a case is related where it proved efficacious in the case of a man suffering from the effects of the sting of a large centipede. Ordinary stimulants produced in this case no perceptible effects.

Tablespoonful doses were given hourly of a decoction of Lycopus-Virg. (bugle weed), the proportion of an ounce to the pint of water being used in the decoction. A little alcohol had been added to preserve it.

To the Editor of THE CHIRONIAN :

AS many of the graduates of our College read THE CHIRONIAN, the writer of this would respectfully submit to you a short history of the graduating classes from '74 to '87, which might be of interest to them by reminding them of their old college days.

Beginning with '74 there have occurred many changes in the Faculty, as well as many deaths among the graduates and professors.

The professor of chemistry, the well-known Dr. Avery, resigned from his chair at the end of this session, and the students of that time will remember the novel apparatus he used for demonstrating the generation of steam, with the aid of the small stove in the laboratory.

Another feature, and one of great moment, was the first proving of Picric acid by L. B. Couch, now at Nyack, N. Y. How the first victims, the dogs, deported themselves on the roofs of the college buildings, and when one dog jumped off, falling on the back of one of New York's "finest." What a rumpus the member of the force created when he found himself in the gutter in front of the college! Also how Mr. P. O'Reilly, nurse at that time in the Ophthalmic Hospital, suffered the consequences of the small doses applied to him. But he recovered, and says he will never take another dose of this now so well-known remedy.

Another event was a great wrestling match between B——n and G——e, where the latter was so duly ousted by the former that ever after there was peace when waiting for their turn while standing in line to pay their fees to the Dean on the lower floor of the college. There were several other great wrestling matches, but for the rest of the term victory clung to the first man who ever threw G——e.

Another item of interest was the escape of the colored man with the aneurism. He came to Prof. Helmuth's clinic with an aneurism in the popliteal space, and the Professor advocated digital compression. He was accordingly put in the ward—now the Students' Room of the college—and a number of students were appointed to compress the artery by pressing on it for ten minutes each for about thirty-six hours. This was kept up for that length of time and the aneurism had disappeared. The next day Prof. Helmuth was going to show the cured patient before the class, when, lo and behold! our colored friend and brother had disappeared, having crawled through the fanlight over the doors, and has never been heard of since. The men who worked so hard and faithful during the long hours of the night felt rather disappointed when they could not show the result of their

labor to the Professor and their fellow-students.

Dr. Boynton of this class, who used to assist Prof. Helmuth at the clinics, is now Professor of Ophthalmology at the Hom. Hospital and College for Women, surgeon to the Ophthalmic Hospital, and vice-president of the N. Y. County Medical Society. Dr. Rounds also is surgeon to the Ophthalmic Hospital. The first Faculty prize was awarded to R. M. Stone, the second to J. A. Adams. E. E. Case was president of the Hahnemannian Society, and M. W. Gallup secretary. Prof. Doughty was appointed to the chair of genito-urinary diseases, J. H. Thompson to the chair of minor surgery, and St. Clair Smith assistant to the chair of materia medica.

Enos Hall, the old colored janitor, who will be well remembered by this class, was reappointed by the Faculty to assist Prof. Carmichael in the dissections. No one will ever forget the old man, how faithfully he worked in the dissecting-room to prepare the subjects for the demonstrations in anatomy, how the juniors would go to him for information when they were "stuck" in their own work, and how he used to prepare the bones for them for their studies at home. He sometimes would get paid twice by the same student, as bones would be "misaid" and sometimes lost altogether.

At the end of this term diplomas of the Hahnemannian Society were, for the first time, awarded to the graduates who were members of the Society.

'75. During this term very few incidents happened calling for special mention. Professor O'Connor was appointed to the chair of chemistry, and R. K. Valentine, then a student of this class, as demonstrator of anatomy. Dr. Valentine filled this position so satisfactorily that he kept this very interesting branch for four years.

Arthur Beach was elected President of the Hahnemannian Society and also received first Faculty prize, H. J. Anderson the second. Among this class we would mention Dr. Walter Bailey, Jr., of New Orleans; S. T. Barchet, who is again doing missionary as well as medical work in China; M. Deschere, for several years pro-

fessor of histology and later filling the very important chair of pædology at our college; A. T. Sherman, now one of the editors of the *Minnesota Monthly*, not to forget Winans, better known as "Waxy"; Dr. Hartley, who composed that so often "howled" college song, "Ring the good old bell, Frank," etc., a song which gained great popularity among the students and which has never been excelled by any other writer of college songs in after years. Dr. Hartley will be remembered as the first medical student at this college who wore the shining beaver, so carefully brushed.

Among the more important operations performed before the class during this session by Professor Helmuth was the operation for cheiloplasty on a young girl who had complete ankylosis of the lower jaw, with large cicatrix from previous ulceration which arose probably from the injudicious use of mercury. The lady has an almost straight face now, with the exception of one corner of the mouth, which is a little drawn downward. She has married since, and is the mother of two handsome children.

ONE WHO WAS THERE.

Societies.

Hahnemannian Society.

THE January meeting of the Hahnemannian Society was held at the usual place on Wednesday evening, January 12th.

Meeting called to order at 8 P. M., President Watts in the chair.

New members were then admitted, after which came reading of the minutes of the preceding meeting, which were accepted, and roll call.

The following programme was then rendered: Song by Quintette.

Paper, "Sketch of a Summer Trip in Europe," by Haviland, '88.

Solo with guitar accompaniment, by Kellogg.

Paper, "The Efficacy of Electrolysis in the Treatment of Organic Stricture of the Urethra," by E. S. Smith, '88.

Banjo selections, Jenkins.

Report of an interesting case, by Jewett, '88.
Song by Quintette.

The classes then made following elections for quiz masters for ensuing month: Reëlection of Senior quiz masters in a body. Junior and Middle Class quiz masters were reëlected in a body, except Connell, who resigned, and Bennett was elected to fill the vacancy.

The motion for the amendment to the constitution, which was laid on the table at the previous meeting, was taken therefrom and passed.

Report of Treasurer read and accepted.

Solo by Platt, '88.

President Watts then announced the following committees for the Hahnemannian Commencement:

Arrangements.

President, *ex-officio*. CROOKS. NICHOLS.

Printing.

STEWART. MINTON. SMITH.

Diplomas.

STILWELL. HELMUTH. FAY.

Music.

KELLOGG. ADAMS. HOUGHTON.

Motion was made and passed to have the President appoint two more members to act on the Library Committee. He appointed Messrs. Kastendick, '88, and Wilcox, '89. Also W. H. Van Denburg as chairman of the committee, in place of W. W. Johnson, resigned.

A vote of thanks was tendered the gentlemen who contributed to the evening's entertainment.

Song by Quintette.

Informal reading of the minutes.

Roll call.

Duet by Platt and Kellogg.

Adjournment.

AT a special meeting of the Society, held Wednesday, January 26th, a motion was made and passed empowering the Library Committee to use their discretion in the expenditure of funds for a reading-room. Adjourned.

C. A. WARD,
Secretary.

College Notes.

WHAT is a rigid os?

GENTLEMEN, I have a very full day before me.

"A REMINDER." Prof. Dillow has a quiz every Friday.

CHASE is assistant at the Ward's Island Hospital. Nurses, take our advice and beware.

THEY say that Kellogg is looking for some "New Material." We wonder if he has been successful.

PROF. McDONALD said that Bleecker Bowen and Birdsall look a little like doctors. "Please excuse me."

JIMMY says the distal *extremity* of the penis is called the "head." Beats all how some men are up on anatomy.

WIGGINS is in daily receipt of newspaper advertisements promising a fine moustache within four weeks.

C. F. SNYDER, '87, is to take the practice of his preceptor, Dr. Pyle, of Jersey City. We wish him the best of success.

E. M. C. HALL, '83, and at present practicing in New Haven, was married to Miss Helen Rice of the same city last Wednesday.

T. S. TURNER, '79, formerly of Dayton, Ohio, is attending some of the lectures and renewing his acquaintance with his Alma Mater.

ALL the Seniors wonder what or who Prof. McDonald meant by his "Lame Ducks"; but rumor says he "takes in" the whole class.

WHAT is the difference between a Glyo-Sarcoma and a Sarco-Glyoma? Just the difference between reddish brown and brownish red.

STUDENTS not having beards are excluded from the operations at the Hahnemann Hospital. For further information apply to Minton, Adams and Fay.

STEWART, who has been confined at his home in Pennsylvania since before the holidays with a severe fit of illness, has once more returned to resume work. We all congratulate him on his full beard.

WILLIS S. PUTNEY, '82, Milford, Ct., called at the college recently to get the names and addresses of his classmates for a Class supper this spring at Delmonico's.

To all *intents* and purposes our "*intense*" little professor *intends* to *intensify* his already "*intense*" course of lectures by terminating it in "*tense*" and "*rigid*" examinations.

W. B. MAYO, '77, of Northfield, Vt., is spending a few weeks in the city going round among the medical colleges and medical men. Dr. Mayo is the President of the State Society of Vermont.

THERE is no doubt but that the "Freshmen" are the worst card fiends that have ever been in college; the other night four of these "bold knights" were seen playing whist under a corner gas light.

A FAMILY in the eastern part of the city refused the medical advice of Minton and Montgomery, as they had a school-boy look. There must have been a mistake somewhere, for Montgomery's moustache is quite prominent now—in a good light.

ONE of the students has become so infatuated with Buffalo Bill's Wild West that he talks of nothing else, and is forever urging all his friends to attend. It is suspected that he is really an agent for Carter's Little Liver Pills.

It has recently been discovered by one of our honored graduates, whose name is fondly cherished in the heart of every student, that the great difficulty in preventing the forceps from slipping is due to the fact that the child's head is coated with "meconium."

THE eagerness and zeal which some Juniors manifest in the study of the brain must be highly gratifying to the Professor, but when Sword began to prod the base of a fine brain with the carving knife, the Professor gently but firmly invited him to drop that knife and let the brain alone.

C. C. BOYLE, '77, has recently been appointed surgeon to the Ophthalmic Hospital, after serving for eight years as assistant. This honor was duly deserved. In the evening of the day

of appointment he gave the staff of the hospital a supper, at which speeches and toasts were given to the new surgeon.

"STEVE," who has so faithfully served as nurse at the Hahnemann Hospital since he left our college as assistant janitor, has found employment at Prof. Helmuth's new hospital. "Steve" will be glad to see some of our students who remember him to call at the hospital, where he will be pleased to show them his collection of ovarian tumors, dried and mounted, collected since the new hospital was opened.

Practice For Sale.

AN excellent chance for a good homœopathic physician to engage at once a large practice. No homœopathic competition. No real estate to sell. Six hours ride from New York; three hours from Boston. Good office in residence. For particulars address

JAMES HALLOCK,
805 Broadway, N. Y.

Book Notice.

A System of Surgery. By Prof. WILLIAM TOD HELMUTH, M.D. Fifth edition; enlarged, rearranged, revised, many parts rewritten and much new matter added. Illustrated with 718 woodcuts. F. L. Boericke: Philadelphia, 1887. Sheep, large 8vo., pp. 1111.

THE fifth edition of this superb work comes to us in the neat and substantial form for which the publisher is so justly celebrated. To the homœopathic surgeon and to the homœopathic student of surgery it is a *sine qua non*. Every page shows the imprint of a master hand, and every subject is presented in the clear, concise manner of a practical teacher. Every new and commendable method of operation is graphically described and profusely illustrated, and each discoverer is given full credit, a courtesy that is too often omitted by medical authors.

The entire work shows patient, painstaking labor and diligent research.

It is a work that we, as homœopaths, may well be proud of, for we can consult its pages with the assurance that it is the best authority on surgery in our school.